

Date Sent:	Prevention Provider:	Intervention Name: Cycle Number:
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### HIV Risk Behavior Questionnaire III

(completed 30-60 days after attending prevention program)

*The following information is needed to identify you as a participant in this program while maintaining your confidentiality.*

1 <sup>st</sup> & 3 <sup>rd</sup> letter of your <b>first name</b> _____	1 <sup>st</sup> & 3 <sup>rd</sup> letter of your <b>last name</b> _____
Your birth date (month/day/year): ____/____/____	Your age: _____
Date Completed: ____/____/____	

*We need your help! Recently, you participated in an HIV prevention program. We are following up with you to gather information about your HIV risk behaviors. Again, we realize these questions are very personal, but your open and honest answers are very important in helping us develop and fund HIV prevention programs to help Idahoans.*

*Please be assured that your answers are **confidential** and the people who use this information **will not know your identity**. There are no right or wrong answers.*

*After completing the following information, **please return in the self-addressed stamped envelope provided.***

**1. Which best describes the number of different partners you have had sex with in the last month?**

- |  |   |
|--|---|
| <input type="checkbox"/> 10 or more partners | <input type="checkbox"/> 2-3 partners                               |
| <input type="checkbox"/> 7-9 partners        | <input type="checkbox"/> 1 partner                                  |
| <input type="checkbox"/> 4-6 partners        | <input type="checkbox"/> abstinent (no anal or vaginal intercourse) |

**2. The last time you had sex (anal or vaginal intercourse); did you or your partner use a condom?**

- ☐ No                      ☐ Yes                      ☐ Never had sex

**3. Thinking back over the last month, which best describes your use of condoms for vaginal intercourse?**

- |  |  |
|--|--|
| <input type="checkbox"/> Did not have vaginal intercourse      | <input type="checkbox"/> Used condoms at least 50% of the time |
| <input type="checkbox"/> Never used condoms                    | <input type="checkbox"/> Used condoms at least 75% of the time |
| <input type="checkbox"/> Used condoms at least 25% of the time | <input type="checkbox"/> Used condoms 100% of the time         |

**4. Thinking back over the last month, which best describes your use of condoms for anal intercourse?**

- |  |  |
|--|--|
| <input type="checkbox"/> Did not have anal intercourse         | <input type="checkbox"/> Used condoms at least 50% of the time |
| <input type="checkbox"/> Never used condoms                    | <input type="checkbox"/> Used condoms at least 75% of the time |
| <input type="checkbox"/> Used condoms at least 25% of the time | <input type="checkbox"/> Used condoms 100% of the time         |

**5a. Have you used drug injection equipment in the last 30 days?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> No (skip 5b) | <input type="checkbox"/> Yes - If yes, how many times did you use?                                       |
|                                       | <input type="checkbox"/> 1 time <input type="checkbox"/> 2-5 times <input type="checkbox"/> 6-9 times    |
|                                       | <input type="checkbox"/> 10-19 times <input type="checkbox"/> 20-29 <input type="checkbox"/> 30 and over |
|                                       | (please answer 5b)   |

*Continued on next page*

5b. **If yes, which of the following best describes the last time you used?**

- ☐ shared or reused unclean syringe and injection equipment
- ☐ used new, sterile drug injection equipment
- ☐ shared disinfected syringe (cleaned with bleach) and used new cottons and cookers

6. **After participating in the HIV prevention program, which of the following is true for you now? (check all that apply)**

- ☐ My behavior was not putting me at risk for HIV or other STDs before or after the program
- ☐ I know I have behaviors that put me at risk for HIV and STDs but I have not changed my behavior
- ☐ I know I have behaviors that put me at risk for HIV and STDs and I am thinking about making changes
- ☐ I recognized my behaviors that put me at risk and I have taken steps to reduce my risk for HIV and STDs
- ☐ Other \_\_\_\_\_

7. **If you have taken steps to change your behavior, how influential was this program in your decision to make changes to reduce your risk?**

- ☐ not at all influential (I **would** have made changes anyway)
- ☐ moderately influential (I was thinking about making changes before this program)
- ☐ very influential (I **would not** have made the changes without this program)

**Is there anything more you would like to tell us about the prevention program you attended?**

*Thank you for taking the time to complete and return this survey.  
Your responses will help us in providing future programming.*